

LDD**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA**Juan Hurtado 66831-066555 Geo DrivePhilipsburg Pa 16866

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Geo Group incAdministrative Remedy CoordinatorM. Rohrbaker HSAGC wagenJoseph Tabares MD (MVCC)M Kephart NU (MVCC)Ma Gee R Manuel UPMC AltoonaConstance Smith CRUP (MVCC)S Simler RU (MVCC)M Fulmer RU (MVCC)C Yarger RU (MVCC)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Juan Hurtado

ID #

66831-066

Current Institution

Moshannon Valley Correctional

Address

555 Geo Drivephilipsburg pa 16866**14 1766****COMPLAINT**

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☐ Yes ☒ No
(check one)

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Geo Group INC Shield # 1
Where Currently Employed Owner
Address 555 Geo Drive
Philipsburg Pa 16866

Defendant No. 2 Name Administrative Remedy Coordinator Shield # 2
Where Currently Employed Geo Group inc
Address 555 Geo Drive
philipsburg pa 16866

Defendant No. 3 Name Mr. Rhrbacker HSA Shield # _____
Where Currently Employed Geo Group inc
Address 555 Geo Drive
philipsburg pa 16866

Defendant No. 4 Name GC Wagen Shield # _____
Where Currently Employed Geo Group inc
Address 555 Geo Drive
philipsburg pa 16866

Defendant No. 5 Name Joseph Tavares Shield # _____
Where Currently Employed Geo Group inc
Address 555 Geo Group
philipsburg pa 16866

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? _____
Moshannon Valley Correctional

B. Where in the institution did the events giving rise to your claim(s) occur? _____
Kitchen

C. What date and approximate time did the events giving rise to your claim(s) occur? _____
September ~~October~~ 12, 2012

What
happened
to you?

D. Facts: I had an accident on September 9 2012
and on this date I don have any treatment For that
I Failed on the wet Floor on the kitchen when I was
Working and my spine is cracked and Very PainFull
Also on ~~September~~ 2011 I was diagnosed with Hernia.
and they have to wait till January 6 2014 to have a
Surgery and the Surgery was not good I have to have
Another one and still not good.

Who
did
what?

Was
anyone
else
involved?

NO

Who else
saw what
happened?

Most OF Employees OF the kitchen

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

For the Failed on the kitchen
I only have pill from pain but I am tire to do that
on the Hernia because they wait to long I lose my
Navel and still not Filling good. It was bad
Surgery or it may be to late.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Moshannon Valley Correctional at
555 Geo Drive Philipsburg Pa 16866

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☐ No ☐ Do Not Know ☒

- C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)? _____

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

- E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

at the Institution

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? Negative this please do not
Case about human bean

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I do first and second
remedy and nothing. Right now we do not
have a doctor in here only part time.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I will let the Court to see me and decide How I look and How I was looked before but I should have a list \$5,000 000 00 I request to I can be treated like a human but on this institution ~~is~~ all the employees are white you don't see any color person in here, looks to me that only family work here.

I ask for medical Attention and I only received pills for the pain 1994.

they charge 2.00 for co pay all the time I am suffering for pain since two year ago check the medical records. and on this time I did not have any treatment for that.

The Hernia was diagnosed on 2011 and finally I had a surgery on January 6 2014 almost 3 year late, it was too late the doctors have to remove my navel also they do it again last week and still not good they waited too long. I am very discomfort and with a lot of pain but my main question is that any way that we can have good treatment and have to be on time. For my experience I am thinking that the doctor from this facility does not have his licence current. Please help me.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ____ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

On
these
claims

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____
- _____
- _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court?

Yes _____ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____
- _____
- _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 17 day of March, 2024.

Signature of Plaintiff _____

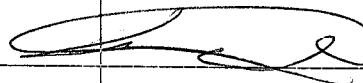
Inmate Number 666831-066

Institution Address 555 Geo Drive
Philipsburg Pa 16866

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 17 day of March, 2014, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: _____

A handwritten signature in black ink, appearing to be 'L. J. [unclear]', written over a horizontal line.

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA
U.S. COURTHOUSE
INDEPENDENCE MALL WEST
601 MARKET STREET
PHILADELPHIA, PA 19106-1797

MICHAEL E. KUNZ
CLERK OF COURT

CLERK'S OFFICE
ROOM 2609
TELEPHONE
(215)597-7704

1/9/2014

Juan Hurtado
#66831-066
555 Geo Drive
Philipsburg, PA 16866

Enclosed please find the following forms which you have requested:

_____ x _____ 42 U.S.C. §1983 Civil Rights Complaint
_____ Pro Se General Complaint Form
_____ 28 U.S.C. §2241 Habeas Corpus Petition
_____ 28 U.S.C. §2254 Habeas Corpus Petition
_____ 28 U.S.C. §2255 Motion to Vacate, Set Aside or Correct
Sentence

_____ 28 U.S.C. §285 Process Receipt & Return

Forms will be issued when Complaint is filed
***Please contact the Marshal's with any questions
concerning service and request for form.***

_____ Please contact the Institution's Law Library: To assist in
drafting Petition. No legal advice.

_____ OTHER:

Thank you for your attention herein.

Very truly yours,

MICHAEL E. KUNZ
CLERK

dmc/Enclosure

RECEIVED
MAR 24 2014



The GEO Group, Inc.

Correctional Programs
Administrative Remedies**MOSHANNON VALLEY CORRECTIONAL CENTER****Step 1 Administrative Remedy Form****Paso 1 Forma De Remedio Administrativo**

Name: Nombre: <u>Juan Hurtado</u>	BOP Number: BOP Numero: <u>66831-066</u>
Date: Fecha: <u>2-19-2014</u>	Housing Assignment: Unidad Asignada:
FOR OFFICIAL USE ONLY – PARA USO OFICIAL SOLAMENTE	
Date Received:	Remedy #:
	Date Due:

Complaint – Reclamo

Describe your complaint in the section below. Be as concise as possible, but be sure to include enough identifying data to assist in a through investigation (e.g. dates, names, locations, times, etc...) Attach one (1) additional page if necessary and the Informal Resolution Form with any other supporting documentation.

Describe su telaino en la seccion de abajo. Dea lo mas breve posible, pero asegurese de incluir suficiente informacion para asistir en una completa investigacion (pe.. Fechas, nombres, ubicaciones, tiempos, etc...) Agregue una pagina si es necesario.

On September 12, 2012 I Fall down in the kitchen when I was working. I have a restriction to wear boots, but, in here like usually only respect whatever is best for the geo group. Since that time I did not receive the appropriate Medical, and at this point I still suffering for pain, and I am tire to go to sick call and charge me. 2.00 every time. on 2011 I was diagnosed with Hernia the group took all the way to January 6, 2014 to finally have the surgery unfortunately the wait was too long and I loose the belly bot I think I have to have another because I still in a pain and I fill very bad my whole stomach is very hot cause to the delay of this institution. I will seek 5,000,000 for my life. I hope I have an answer soon. Remember I am human bean and need Medical Attention. this is not play like this institution use to do. also I would like to see if the new doctor who is now his licences are actives.

Inmate Signature

2-19-2014
Date

2014B-005

**INMATE REQUEST TO STAFF
MVCC INFORMAL RESOLUTION
(Request for Administrative Remedy)**

To: Lamadue
(Unit Manager)

Date Received: 2/18/14
(Staff)

1. Write in this space, briefly, your complaint. Include all details and facts which support your request.

On September 12, 2012 I Fall on the kitchen when I was working. I have a restriction to wear booth but this institution Do not care. Well never do so. I Fell down And Since that time the Medical atention its Very poor Actually I only recieve pills. and every time they are chargin me 2.00. On 2011 I was diagnosed with Hernia they took all the way to January 6, 2014, to I can have the Surgery and also the surgery its not working they took my belly out because its was to late. this institution do not have any moral and respect for the human being.

2. What action do you wish to be taken to correct the situation?

I will seek 5,000.000.

Juan Hurtado

[Signature]
Inmate Name/Signature

66831-066
Register #

B-2-2L
Unit/Bed

2-18-03
Date

3. State, clearly, staff efforts to resolve the matter informally. Be specific, but brief and provide to inmate.

Medical has provided your care under licensed medical professionals

.....
The Informal Resolution WAS/WAS NOT (circle one) accomplished for the above noted reason.

Inmate Signature

Date

[Signature]
Unit Manager Signature

2/20/14
Date

Defendant #6

M Kephart M W
Geo Group Inc
555 Geo Drive
Philipsburg Pa 16866

Defendant #7

Magee R Manuel UPMC
Altona Medical Center

Defendant #8

Constance Smith CRNP
Geo Group Inc
555 Geo Drive
Philipsburg Pa 16866

Defendant #9

S Simler RN
Geo Group Inc
555 Geo Drive
Philipsburg Pa 16866

Defendant #10

M. Fulmer RN Geo Group 555 Geo Drive.

Defendant #11

C Yarger RN Geo Group
555 Geo Drive
Philipsburg Pa 16866